

# **Professional Services Fee Schedule Evaluation and Management**

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**Washington State Department of Labor & Industries  
Professional Services Fee Schedule**

**Evaluation & Management  
Effective August 1, 2003**

CPT® CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS									ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
99201	Office/outpatient visit, new	\$48.05	\$31.36	0	0%	0%	0%	0	0	0	0	0	0		R	
99202	Office/outpatient visit, new	\$85.48	\$62.21	0	0%	0%	0%	0	0	0	0	0	0		R	
99203	Office/outpatient visit, new	\$126.45	\$95.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99204	Office/outpatient visit, new	\$180.06	\$140.61	0	0%	0%	0%	0	0	0	0	0	0		R	
99205	Office/outpatient visit, new	\$229.63	\$187.15	0	0%	0%	0%	0	0	0	0	0	0		R	
99211	Office/outpatient visit, est	\$28.32	\$12.14	0	0%	0%	0%	0	0	0	0	0	0		R	
99212	Office/outpatient visit, est	\$50.07	\$31.36	0	0%	0%	0%	0	0	0	0	0	0		R	
99213	Office/outpatient visit, est	\$69.80	\$47.04	0	0%	0%	0%	0	0	0	0	0	0		R	
99214	Office/outpatient visit, est	\$109.25	\$76.88	0	0%	0%	0%	0	0	0	0	0	0		R	
99215	Office/outpatient visit, est	\$159.83	\$123.92	0	0%	0%	0%	0	0	0	0	0	0		R	
99217	Observation care discharge	\$88.52	\$88.52	0	0%	0%	0%	0	0	0	0	0	0		R	
99218	Observation care	\$88.52	\$88.52	0	0%	0%	0%	0	0	0	0	0	0		R	
99219	Observation care	\$147.69	\$147.69	0	0%	0%	0%	0	0	0	0	0	0		R	
99220	Observation care	\$206.87	\$206.87	0	0%	0%	0%	0	0	0	0	0	0		R	
99221	Initial hospital care	\$89.53	\$89.53	0	0%	0%	0%	0	0	0	0	0	0		R	
99222	Initial hospital care	\$148.71	\$148.71	0	0%	0%	0%	0	0	0	0	0	0		R	
99223	Initial hospital care	\$206.87	\$206.87	0	0%	0%	0%	0	0	0	0	0	0		R	
99231	Subsequent hospital care	\$44.51	\$44.51	0	0%	0%	0%	0	0	0	0	0	0		R	
99232	Subsequent hospital care	\$73.85	\$73.85	0	0%	0%	0%	0	0	0	0	0	0		R	
99233	Subsequent hospital care	\$104.70	\$104.70	0	0%	0%	0%	0	0	0	0	0	0		R	
99234	Observ/hosp same date	\$178.04	\$178.04	0	0%	0%	0%	0	0	0	0	0	0		R	
99235	Observ/hosp same date	\$235.70	\$235.70	0	0%	0%	0%	0	0	0	0	0	0		R	
99236	Observ/hosp same date	\$294.38	\$294.38	0	0%	0%	0%	0	0	0	0	0	0		R	
99238	Hospital discharge day	\$94.08	\$94.08	0	0%	0%	0%	0	0	0	0	0	0		R	
99239	Hospital discharge day	\$127.97	\$127.97	0	0%	0%	0%	0	0	0	0	0	0		R	
99241	Office consultation	\$64.74	\$45.02	0	0%	0%	0%	0	0	0	0	0	0		R	
99242	Office consultation	\$120.38	\$92.06	0	0%	0%	0%	0	0	0	0	0	0		R	
99243	Office consultation	\$158.82	\$122.91	0	0%	0%	0%	0	0	0	0	0	0		R	
99244	Office consultation	\$226.09	\$182.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99245	Office consultation	\$293.36	\$241.27	0	0%	0%	0%	0	0	0	0	0	0		R	
99251	Initial inpatient consult	\$47.55	\$47.55	0	0%	0%	0%	0	0	0	0	0	0		R	
99252	Initial inpatient consult	\$95.09	\$95.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99253	Initial inpatient consult	\$130.50	\$130.50	0	0%	0%	0%	0	0	0	0	0	0		R	
99254	Initial inpatient consult	\$187.65	\$187.65	0	0%	0%	0%	0	0	0	0	0	0		R	
99255	Initial inpatient consult	\$257.96	\$257.96	0	0%	0%	0%	0	0	0	0	0	0		R	
99261	Follow-up inpatient consult	\$29.84	\$29.84	0	0%	0%	0%	0	0	0	0	0	0		R	
99262	Follow-up inpatient consult	\$59.68	\$59.68	0	0%	0%	0%	0	0	0	0	0	0		R	
99263	Follow-up inpatient consult	\$88.52	\$88.52	0	0%	0%	0%	0	0	0	0	0	0		R	

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		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
99271	Confirmatory consultation	\$57.66	\$31.87	0	0%	0%	0%	0	0	0	0	0	0		R	
99272	Confirmatory consultation	\$90.03	\$60.70	0	0%	0%	0%	0	0	0	0	0	0		R	
99273	Confirmatory consultation	\$117.85	\$85.48	0	0%	0%	0%	0	0	0	0	0	0		R	
99274	Confirmatory consultation	\$161.35	\$123.42	0	0%	0%	0%	0	0	0	0	0	0		R	
99275	Confirmatory consultation	\$203.33	\$162.36	0	0%	0%	0%	0	0	0	0	0	0		R	
99281	Emergency dept visit	\$21.75	\$21.75	0	0%	0%	0%	0	0	0	0	0	0		R	
99282	Emergency dept visit	\$36.42	\$36.42	0	0%	0%	0%	0	0	0	0	0	0		R	
99283	Emergency dept visit	\$81.43	\$81.43	0	0%	0%	0%	0	0	0	0	0	0		R	
99284	Emergency dept visit	\$127.46	\$127.46	0	0%	0%	0%	0	0	0	0	0	0		R	
99285	Emergency dept visit	\$198.27	\$198.27	0	0%	0%	0%	0	0	0	0	0	0		R	
99288	Direct advanced life support	\$30.35	\$30.35	0	0%	0%	0%	9	9	9	9	9	9		R	
99289	Ped crit care transport	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99290	Ped crit care transport addl	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99291	Critical care, first hour	\$285.78	\$272.12	0	0%	0%	0%	0	0	0	0	0	0		R	
99292	Critical care, addl 30 min	\$146.68	\$136.06	0	0%	0%	0%	0	0	0	0	0	0		R	
99293	Ped critical care, initial	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99294	Ped critical care, subseq	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99295	Neonate crit care, initial	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99296	Neonate critical care subseq	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99298	Ic for lbw infant < 1500 gm	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99299	Ic, lbw infant 1500-2500 gm	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99301	Nursing facility care	\$97.11	\$82.95	0	0%	0%	0%	0	0	0	0	0	0		R	
99302	Nursing facility care	\$132.01	\$110.77	0	0%	0%	0%	0	0	0	0	0	0		R	
99303	Nursing facility care	\$163.88	\$137.58	0	0%	0%	0%	0	0	0	0	0	0		R	
99311	Nursing fac care, subseq	\$55.64	\$41.48	0	0%	0%	0%	0	0	0	0	0	0		R	
99312	Nursing fac care, subseq	\$85.48	\$68.79	0	0%	0%	0%	0	0	0	0	0	0		R	
99313	Nursing fac care, subseq	\$117.35	\$97.62	0	0%	0%	0%	0	0	0	0	0	0		R	
99315	Nursing fac discharge day	\$95.60	\$77.39	0	0%	0%	0%	0	0	0	0	0	0		R	
99316	Nursing fac discharge day	\$124.43	\$103.69	0	0%	0%	0%	0	0	0	0	0	0		R	
99321	Rest home visit, new patient	\$59.18	\$59.18	0	0%	0%	0%	0	0	0	0	0	0		R	
99322	Rest home visit, new patient	\$87.50	\$87.50	0	0%	0%	0%	0	0	0	0	0	0		R	
99323	Rest home visit, new patient	\$112.79	\$112.79	0	0%	0%	0%	0	0	0	0	0	0		R	
99331	Rest home visit, est pat	\$54.63	\$54.63	0	0%	0%	0%	0	0	0	0	0	0		R	
99332	Rest home visit, est pat	\$70.81	\$70.81	0	0%	0%	0%	0	0	0	0	0	0		R	
99333	Rest home visit, est pat	\$87.50	\$87.50	0	0%	0%	0%	0	0	0	0	0	0		R	
99341	Home visit, new patient	\$80.42	\$80.42	0	0%	0%	0%	0	0	0	0	0	0		R	
99342	Home visit, new patient	\$121.39	\$121.39	0	0%	0%	0%	0	0	0	0	0	0		R	
99343	Home visit, new patient	\$180.57	\$180.57	0	0%	0%	0%	0	0	0	0	0	0		R	

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99344	Home visit, new patient	\$234.69	\$234.69	0	0%	0%	0%	0	0	0	0	0	0		R	
99345	Home visit, new patient	\$286.79	\$286.79	0	0%	0%	0%	0	0	0	0	0	0		R	
99347	Home visit, est patient	\$63.73	\$63.73	0	0%	0%	0%	0	0	0	0	0	0		R	
99348	Home visit, est patient	\$101.67	\$101.67	0	0%	0%	0%	0	0	0	0	0	0		R	
99349	Home visit, est patient	\$157.30	\$157.30	0	0%	0%	0%	0	0	0	0	0	0		R	
99350	Home visit, est patient	\$228.62	\$228.62	0	0%	0%	0%	0	0	0	0	0	0		R	
99354	Prolonged service, office	\$165.40	\$121.90	0	0%	0%	0%	0	0	0	0	0	0		R	
99355	Prolonged service, office	\$154.27	\$120.89	0	0%	0%	0%	0	0	0	0	0	0		R	
99356	Prolonged service, inpatient	\$118.86	\$118.86	0	0%	0%	0%	0	0	0	0	0	0		R	
99357	Prolonged service, inpatient	\$119.37	\$119.37	0	0%	0%	0%	0	0	0	0	0	0		R	
99358	Prolonged serv, w/o contact	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99359	Prolonged serv, w/o contact	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99360	Physician standby services	\$60.70	\$60.70	0	0%	0%	0%	9	9	9	9	9	9		R	
99361	Physician/team conference	\$90.03	\$62.21	0	0%	0%	0%	9	9	9	9	9	9		R	
99362	Physician/team conference	\$159.83	\$123.92	0	0%	0%	0%	9	9	9	9	9	9		R	
99371	Physician phone consultation	\$14.16	\$9.61	0	0%	0%	0%	9	9	9	9	9	9		R	
99372	Physician phone consultation	\$27.82	\$18.71	0	0%	0%	0%	9	9	9	9	9	9		R	
99373	Physician phone consultation	\$41.98	\$28.32	0	0%	0%	0%	9	9	9	9	9	9		R	
99374	Home health care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99375	Home health care supervision	\$169.44	\$169.44	0	0%	0%	0%	9	9	9	9	9	9		R	
99377	Hospice care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99378	Hospice care supervision	\$189.67	\$189.67	0	0%	0%	0%	9	9	9	9	9	9		R	
99379	Nursing fac care supervision	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99380	Nursing fac care supervision	\$177.54	\$123.42	0	0%	0%	0%	9	9	9	9	9	9		R	
99381	Prev visit, new, infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99382	Prev visit, new, age 1-4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99383	Prev visit, new, age 5-11	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99384	Prev visit, new, age 12-17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99385	Prev visit, new, age 18-39	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99386	Prev visit, new, age 40-64	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99387	Prev visit, new, 65 & over	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99391	Prev visit, est, infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99392	Prev visit, est, age 1-4	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99393	Prev visit, est, age 5-11	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99394	Prev visit, est, age 12-17	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99395	Prev visit, est, age 18-39	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99396	Prev visit, est, age 40-64	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99397	Prev visit, est, 65 & over	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

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99401	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99402	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99403	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99404	Preventive counseling, indiv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99411	Preventive counseling, group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99412	Preventive counseling, group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99420	Health risk assessment test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99429	Unlisted preventive service	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99431	Initial care, normal newborn	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99432	Newborn care, not in hosp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99433	Normal newborn care/hospital	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99435	Newborn discharge day hosp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99436	Attendance, birth	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99440	Newborn resuscitation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99450	Life/disability evaluation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99455	Disability examination	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99456	Disability examination	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99499	Unlisted e&m service	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	